

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

FILED MAR 16 1940

8446
Do not use this space.

1. PLACE OF DEATH

(a) County Vernon Registration District No. 875
 (b) Township 5 Primary Registration District No. 3039 Registered No. 32
 (c) City Nevada or 0 (d) Street No. _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 705 W. Cherry St. ☐ (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 3 1857

7. AGE YEARS 82 MONTHS 8 DAYS 3 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housekeeper
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Cole County (STATE OR COUNTRY) Mo

13. NAME Smith Ramsey

14. BIRTHPLACE (CITY OR TOWN) Va. (STATE OR COUNTRY) 1

15. MAIDEN NAME Bliz. Ma. Milline

16. BIRTHPLACE (CITY OR TOWN) Howard Co (STATE OR COUNTRY) Mo

17. INFORMANT Mr. Ramsey (ADDRESS) Nevada, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Samara DATE 2/7 1940

19. FUNERAL DIRECTOR (NAME) Bechtel Funeral Home (ADDRESS) Nevada, Mo.

20. FILED Feb. 7 1940 Allen 2 days Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/6 40

22. 2/5 HEREBY CERTIFY, That I attended deceased from 1940 to 2/6, 40

I last saw h. 2/5 alive on 2/6, 40. Death is said to have occurred on the date stated above, at 2 4 40 m.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis

Date of onset

Other contributory causes of importance:

Intestinal Stenosis

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? No Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____

(Signed) _____, M. D.

(Address) 705 Nevada Mo

RECEIVED
Director Health Officer No. 7
Director Health 3-40-343
Director Health 3-40-40
Director Health 3-40-40

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No. 2636

P. O. Address Nevada, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.